

County: Racine  
MOUNT CARMEL MEDICAL & REHAB

Facility ID: 5780

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677 EAST STATE STREET  
BURLINGTON 53015 Phone: (262) 763-9531  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/00): 155  
Total Licensed Bed Capacity (12/31/00): 155  
Number of Residents on 12/31/00: 152

Ownership:  
Highest Level License:  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Average Daily Census: 154

Corporation  
Skilled  
No  
Yes  
154

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	44.7
Supp. Home Care-Personal Care	No					1 - 4 Years	43.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.3	More Than 4 Years	11.8
Day Services	No	Mental Illness (Org./Psy)	16.4	65 - 74	5.9		
Respite Care	No	Mental Illness (Other)	2.0	75 - 84	42.8		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.4	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.6	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.3			Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	21.1		100.0	(12/31/00)	
Other Meals	No	Cardiovascular	15.8	65 & Over	98.7		
Transportation	No	Cerebrovascular	11.2			RNs	14.9
Referral Service	No	Diabetes	4.6	Sex	%	LPNs	4.3
Other Services	Yes	Respiratory	4.6			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	23.0	Male	24.3	Aides & Orderlies	
Mentally Ill	No			Female	75.7		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other			Private Pay		Managed Care			Total No.	Percent Of All Residents	
	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%			Per Diem Rate
Int. Skilled Care	0	0.0	\$0.00	2	2.3	\$114.16	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	2	1.3%
Skilled Care	30	100.0	\$201.00	77	89.5	\$96.73	0	0.0	\$0.00	36	100.0	\$159.00	0	0.0	\$0.00	143	94.1%
Intermediate	---	---	---	7	8.1	\$79.29	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	7	4.6%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	30	100.0		86	100.0		0	0.0		36	100.0		0	0.0		152	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Percent Admissions from:						
Private Home/No Home Health	2.5	Bathing	7.2	58.6	34.2	152
Private Home/With Home Health	3.5	Dressing	7.2	62.5	30.3	152
Other Nursing Homes	5.0	Transferring	7.2	58.6	34.2	152
Acute Care Hospitals	80.5	Toilet Use	7.2	58.6	34.2	152
Psych. Hosp. -MR/DD Facilities	1.5	Eating	63.8	17.8	18.4	152
Rehabilitation Hospitals	5.0	*****				
Other Locations	2.0	Continence		%	Special Treatments	%
Total Number of Admissions	200	Indwelling Or External Catheter	3.9		Receiving Respiratory Care	2.6
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	38.8		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	20.7	Occ/Freq. Incontinent of Bowel	29.6		Receiving Suctioning	0.0
Private Home/With Home Health	13.3				Receiving Ostomy Care	0.7
Other Nursing Homes	2.5	Mobility			Receiving Tube Feeding	0.7
Acute Care Hospitals	14.8	Physically Restrained	2.6		Receiving Mechanically Altered Diets	28.9
Psych. Hosp. -MR/DD Facilities	1.5				Other Resident Characteristics	
Rehabilitation Hospitals	0.0	Skin Care			Have Advance Directives	100.0
Other Locations	8.4	With Pressure Sores	2.0		Medications	
Deaths	38.9	With Rashes	6.6		Receiving Psychoactive Drugs	18.4
Total Number of Discharges (Including Deaths)	203	*****				

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility		Ownership: Proprietary		Bed Size: 100-199		Licensure: Skilled		All Facilities	
	%	Peer Group	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	99.4	82.5	1.20		83.6	1.19	84.1	1.18	84.5	1.18
Current Residents from In-County	65.1	83.3	0.78		86.1	0.76	83.5	0.78	77.5	0.84
Admissions from In-County, Still Residing	23.5	19.9	1.18		22.5	1.04	22.9	1.03	21.5	1.09
Admissions/Average Daily Census	129.9	170.1	0.76		144.6	0.90	134.3	0.97	124.3	1.05
Discharges/Average Daily Census	131.8	170.7	0.77		146.1	0.90	135.6	0.97	126.1	1.05
Discharges To Private Residence/Average Daily Census	44.8	70.8	0.63		56.1	0.80	53.6	0.84	49.9	0.90
Residents Receiving Skilled Care	95.4	91.2	1.05		91.5	1.04	90.1	1.06	83.3	1.14
Residents Aged 65 and Older	98.7	93.7	1.05		92.9	1.06	92.7	1.06	87.7	1.13
Title 19 (Medicaid) Funded Residents	56.6	62.6	0.90		63.9	0.89	63.5	0.89	69.0	0.82
Private Pay Funded Residents	23.7	24.4	0.97		24.5	0.97	27.0	0.88	22.6	1.05
Developmentally Disabled Residents	0.0	0.8	0.00		0.8	0.00	1.3	0.00	7.6	0.00
Mentally Ill Residents	18.4	30.6	0.60		36.0	0.51	37.3	0.49	33.3	0.55
General Medical Service Residents	23.0	19.9	1.16		21.1	1.09	19.2	1.20	18.4	1.25
Impaired ADL (Mean)	56.2	48.6	1.16		50.5	1.11	49.7	1.13	49.4	1.14
Psychological Problems	18.4	47.2	0.39		49.4	0.37	50.7	0.36	50.1	0.37
Nursing Care Required (Mean)	5.2	6.2	0.84		6.2	0.84	6.4	0.80	7.2	0.72